

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-23-2005 90153 048 ****50.00

DOCUMENT # L04000038595					
1. Entity Name NIERENBERG GRIT, LLC					
Principal Place of Business % BANK OF AMERICA, N.A. 390 NORTH ORANGE AVENUE, SUITE 700 ORLANDO, FL 32801			Mailing Address % BANK OF AMERICA, N.A. 390 NORTH ORANGE AVENUE, SUITE 700 ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1154933	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S. HARBOR CITY BOULEVARD, SUITE 505 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Charles Ian Nash, Esq. Nash & Kromash, LLP 440 South Babcock Street Melbourne FL 32901		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>2/8/05</u> DATE					
Filing Fee is \$50.00 Due by May 1, 2005					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHARLES IAN NASH NASH & KROMASH 440 S. BABCOCK ST MELBOURNE, FL 32901 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BANK OF AMERICA NA ☐ Delete 390 N. ORANGE AVE, STE 700 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>2/16/05 407-244-7055</u> DATE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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